

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 30, 2018 Case Number: 19-17

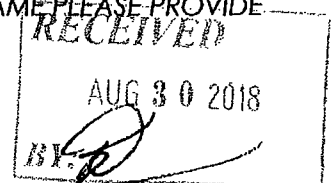
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Sullivan , Tech "Carlos "
Premise Name: BluePearl Veterinary Partners
Premise Address: 9875 W. Peoria Ave
City: Peoria State: AZ Zip Code: 85345
Telephone: (623) 974-1520

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Veronica Hammar
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Little Dog

Breed/Species: Chihuahua

Age: 12 Sex: Male Color: Tan/Red

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Arrow Animal Clinic
5144 W. Thunderbird Rd.
Glendale, AZ 85306
(602) 938-2707

Glendale Animal Hospital
7615 N. 75th Ave.
Glendale, AZ 85303
(623) 934-7243

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Glendale Police Dept. [REDACTED]
Christina [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Hammar

Date: 8/20/2018

August 5th, 2018

To whom it may concern,

This letter is to inform you in writing that I am dissatisfied and doubtful about the services and quality of care that was claimed to be performed and provided to my dog while he was at Blue Pearl Animal Hospital, and am currently disputing these charges with my credit card company, CareCredit.

At approximately 9:30 am the morning of July 21st, while on a family vacation in Colorado, I received a phone call from 24PetWatch (microchip company) informing me that my 12 year old, 5lb Chihuahua was in your care. Upon calling your facility I was informed that my dog was in your care and had been hit by a car, and was brought into your care by a Glendale Police Officer.

I was told by Dr. Sullivan that my dog was in critical condition and that he even had tire tracks on his abdomen, insinuating that he had actually been ran over. I was told I had two options, to treat him, or have him euthanized. I wanted to know if he was able to be saved, and how much it would cost. She said she would have someone call me back.

Approximately five minutes later, I got a phone call from a receptionist letting me know that it would be \$2,500. With no guarantee that my dog would even survive, and not having that amount of money available to spend, I asked to only be charged what it would cost to find out if he would survive. The receptionist said she would have the Dr. Sullivan call me back.

When the Dr. Sullivan called me back about two minutes later, she painted a completely different picture. Her tone had changed as if she thought she wouldn't be getting any money from me. She said my dog was "really suffering", and with "his age", (even though Chihuahuas can live 20+ years) she suggested I euthanize him. I said, "So if I don't pay the \$2,500, you will put him to sleep." She said "Unfortunately, those are your options." I said, "Fine, I don't want my dog to die." He was breathing on his own, and responsive at that time. I wanted to give him a chance. She said she would order x-rays and blood work and get back to me within 2 hours. Meanwhile, we decided to drive straight home, which was about a 12 hour drive.

In the meantime, since I was in an area where I had cell phone service, I decided to check my voicemail. I had received 2 voicemails that were significant. One from the police officer informing me he had taken my dog to Blue Pearl, the other from a woman who was behind the person who hit my dog. She left her phone number and I called her. She told me she got out of her vehicle and my dog was lying on the sidewalk, breathing and "following her with his eyes". She wrapped him in a blanket and called the police. The officer transported him to Blue Pearl, which is 15-20 minutes away depending on traffic. She informed me she had talked to the police officer after he dropped my dog off, and "the doctor" had told him that my dog "was going to be ok". My suspicions started to arise about the gravity of my dog's condition.

A little after two hours had passed, since I had yet to receive a call regarding the results of any testing, or on the condition of my dog, I called Blue Pearl. Dr. Sullivan said, "I was literally dialing your number."

She informed me that my dog's blood work was "unremarkable", showing all of his organs functioning properly, and that his x-rays showed no broken bones, only a dislocated (luxated) hip. It was completely amazing that my dog supposedly had tire marks across his abdomen, and was in critical condition just two hours prior, and that Dr. Sullivan had tried to convince me that my dog was "suffering" so much, I should euthanize him. I did not mention what I had found out about the conversation regarding my dog's prognosis to the police officer out of fear, since my dog was in their care and I was still about 10 hours away. Again, she told me, I had two options, to give him anesthesia and try to manually put it back into socket, or for him to have surgery. She told me the cost would be \$700. I said, "Will any of the \$2,500 I already paid be used for this?" She said, "Actually I did charge you \$600 for 'miscellaneous fees'. When she said that, I felt completely taken advantage of. She had told me that morning that the bill was written based on what my dog needed at that time, now come to find out, I was being nickled and dimed, and if I wouldn't have asked she about it, she never would have told me.

I elected to have him put under anesthesia to try to manually put his hip back into the socket. She told me my dog had a heart murmur, and she was concerned about placing him under anesthesia, but I told her he has been under anesthesia twice before for dental procedures, and that I already knew about the heart murmur. I asked to "talk" to my dog. She transferred me to my dog's nurse, Carlos. I asked Carlos, "How's he doing?" Carlos replied "Not too good". He told me my dog might have a "broken leg, or a fractured hip, and that they were even concerned about a brain injury." I was completely confused and baffled. I told him I had just gotten off the phone with the doctor who had told me his blood work showed all of his organs were functioning and that his only injury was a dislocated hip. That's when he said they had not yet received the official radiology report. Why didn't the doctor tell me that, and why did she ask how I wanted to proceed with treatment if the official radiology report hadn't been received? I asked him to please call me when the official report came in. He asked me, "How did this happen anyway?" I told him that I was in Colorado on family vacation with my children, and my mother-in-law was going every other day to my house to give them food and water, and my dog dug under the gate and got out. He said, "Oh you left your dogs outside in the backyard?" (Mind you it's summertime in Arizona, where temperatures are 110-115 degrees.) I told him, "No, I have a doggie door." I was surprised and offended that he would make such an accusational, and judgmental remark. Completely unprofessional to say the least. I asked him to please call me when the official radiology report came in. He said he would. This was around 11:45 am.

About ten minutes later a nurse (Sunny) call me about a "DNR" (do not resuscitate). She explained to me the procedures that would be taken to save my dog in the event that he was to go into heart failure while attempting to place his hip back into its socket. She was very kind and patient answering all of my questions, and explaining everything in detail. Sunny explained to me that CPR on dogs has a success rate of ~5%. I elected the DNR based on that information, and the doctor was supposed to proceed with placing my dog's hip back into the socket. (For the record, and for her credit, Sunny was the only honest, patient, open and compassionate person I spoke with in my communications with Blue Pearl.)

At approximately 1:30 I called to check on the status of my dog, to find out how the hip placement went, and to see if the official radiology report was available. I spoke with Carlos. He said the report did come in, but that they had been extremely busy and he hadn't had the chance to get back to me. He

confirmed that yes, in fact, my dog's only injury was a dislocated hip, but the doctor still had not yet made an attempt to place the hip back into the socket. I said, ok thank you, and hung up.

Upon doing some research, I learned that the delay of placing the hip back into socket, the lesser the chance it will stay in place, resulting in the need for surgery. There was nothing I could do at this point; I was still roughly 9 hours away. I knew at this point I had been taken for my money, and now my dog was being neglected. Whether the reason be a shortage of staff, or the need to reach out to other clients for payment for the other animals that were being treated at that time, my dog's injury should not have been neglected after diagnosis, and an agreed upon treatment plan.

I called again an hour and a half later, with still no phone call from Blue Pearl, frustrated now that the situation had developed to entirety and my dog was not receiving the treatment he needed. I was trying to be "the squeaky wheel", but I was polite. I talked to Carlos again; who told me again that he was sorry but they still had not treated my dog. His words were, "We have seven patients more critically injured than your dog." Again, I said, ok, thank you.

At 4:00 pm I called again, and spoke with Carlos. He told me still no attempt had been made to place my dog's hip into the socket. He said, but I when I was changing his pad, he nipped at me, and so he must be feeling better. At that point, I knew my dog was fine.

At 4:30 pm I got a phone call from Dr. Sullivan. She said "Unfortunately the hip won't stay in the socket; he is going to need surgery. At this point, all of my frustrations had come to a culminated. I vented to her the events of the day, and informed her I would be there in approximately 3 hours to pick up my dog. I have doubts on whether an attempt was even made to place my dog's hip back into the socket. She had been working on the seven other patients all day, and now it had come to the end of the day. If she did make an attempt, I am not confident in how much effort might have been put forth.

I didn't arrive until approximately 9:30 pm. When the nurse (a different shift than the people I had been dealing with all day) brought my dog in, my dog didn't even wag his tail. He was limp to the point he couldn't even hold his neck up when I was carrying him. The nurse admitted to me it was from his medication. I told the nurse about my dog nipping at Carlos, and told her that I found it strange that now he didn't even recognize me. She told me different than what Carlos had told me, she told me that he nipped at Carlos because he was in pain, when Carlos had told me he nipped at him because he was feeling better. Knowing my dog, and that he doesn't like strangers touching him, I know that latter to be true. When I picked up my dog, he was obviously over drugged. I looked for the tire tracks that Dr. Sullivan had told me were across his abdomen and there was nothing there. And it was clear he hadn't had a bath.

My dog was actually born at this same hospital in May of 2007, on Mother's day as a matter of fact. I am completely disgusted by the treatment then versus now. Maybe it was because I was out of state, maybe it is due to pressures of corporate entities pushing for quantity instead of quality. I don't know the reasons. I seek resolution through Care Credit, and Blue Pearl. If I cannot find resolution, I will take my concerns to the Arizona Veterinary Licensing Board, the Better Business Bureau, and the internet.

My dog has since received treatment from two other veterinary doctors. He had surgery and now is on his way to a full recovery. How sad and angry it makes me when I look at him and almost made the decision to have him euthanized based on the information given to me by Dr. Sullivan. Although I received a partial refund, I am further disputing the charge of \$1,601.42. The reasons are listed below.

1. Blue Pearl never made any attempts to contact me about my dog being in their care after two + hours. (And supposedly his condition was critical) This alone demonstrates lack of care, responsibility, moral obligations.
2. Exacerbating the condition of my dog causing intentional, unnecessary emotional distress to me in order to obtain money in a fraudulent, unscrupulous manner.
3. Grossly negligent and unethical practices, leaving my dog's hip out of socket for an extended period of time (8+ hours) while having a diagnosis and failing to provide treatment after a plan had been made, knowing the longer it is out of socket, the lesser the chance it will stay in, resulting in the need to seek surgery at the cost of an additional \$1,241.24 to me.
4. Blue Pearl never made any calls to me regarding the status of his treatment, the results of testing, or his condition in the 9+ hours he was there. (For example, I was billed for STAT results, but they were not provided to me.)
5. I was billed for services and tests without my approval, nor was an itemized statement provided or offered to me, then later, I found out about \$600 for 'miscellaneous fees'.
6. Unprofessional, judgmental accusations to me regarding how I care for my dog, during such a traumatizing time, demonstrating disregard and a lack of empathy.

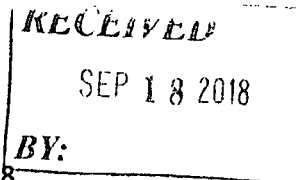
For these reasons stated above, I am disputing the charge of \$1,601.42 to CareCredit (Symphony Bank)

Sincerely,

Veronica Hammar

[Redacted signature]

Cc: CareCredit



09/10/2018

Arizona State Veterinary Medical Examining Board
1740 W. Adams St. Ste 4600
Phoenix, Arizona
85007

RE: 19-17 In Re: Christine Sullivan, DVM

Dear Arizona State Veterinary Medical Examining Board,

As requested, here is a typewritten signed narrative account of my position with respect to the events associated with this inquiry;

Saturday, July 21, 2018:

7:35am – entry and initial examination/treatments

"Little Dog" Hammar initially presented as a stray by a police officer at 7:35am on 07/21/2018. On entry, he was in shock (hypothermic, depressed/dull mentation, pale mucous membranes, with poor peripheral pulses). It was also noted that he had a grade 3/6 systolic heart murmur, was in poor body condition (BCS 2.5/5), and was tachypneic. There was some dark debris on the pelvic limb fur, that looked suspicious to be from a tire track. He had bilateral pelvic limb paresis and CP deficits. He was scanned for a microchip and when one was found, a technician got on the phone to try and contact the owner (there was no answer, therefore they left a message on the machine). First aid treatments were immediately started on the stray, despite not being able to reach the owner. An injection of analgesia was administered and the pet was started on oxygen.

8:50am client communication

Owner returned the voicemail that we left and she stated that she is in Colorado. Discussed that Little Boy is in critical condition, and was suspected to have been hit by a car. Discussed that he is in shock, but that we have to be careful with IV fluids due to his heart murmur (as to not push him into heart failure). Stated that I am not sure of the extent of the internal injuries but that he is pale, tachypneic, and shocky. Discussed that we have administered analgesia and started him on oxygen. Stated that he has diffuse muscle atrophy and a heart murmur, therefore suspect that there is other comorbidities than the hit by car. Stated that we can either hospitalize and perform diagnostics, or that we can consider quality of life concerns. The owner got very upset that the option of humane euthanasia was broached, and so I told her that I have to give her all of her options, as uncomfortable as it is to discuss. I told her that I will make her an estimate and have the technician go over it with her. The technician called her back shortly after with an estimate, but the owner expressed financial constraints and so the technician stated that I was occupied with another patient at the moment, but that I would call them back to discuss options again.

9:10am client communication

Spoke with the owner again, and again the critical status of Little Boy was stated. Discussed that I don't know the extent of the internal injuries but there could be fractures, pulmonary contusions, pneumothorax, organ damage, and internal bleeding, just to name a few possibilities. Offered radiographs and blood work to help me determine internal injuries, along with hospitalization for attempted stabilization. The owner stated that since I am offering to try and treat Little Boy, that it is equivalent to saying that I guarantee he will survive. I repeated multiple times over the conversation that I can't guarantee that he will survive, especially since we don't know the extent of the injuries, but that we can try to pull him through this. Stated that he is suffering at this time

therefore recommended either continued care/diagnostics, or humane euthanasia (versus having him sit in a kennel with no treatments/diagnostics). The owner stated that she would like to go forward with diagnostics/treatments.

After approval from the owner, an IV catheter was placed and IV fluids were started. Thoracic/abdominal radiographs were taken, and a pre-anesthetic panel (CBC/chem/NOVA) was performed.

12pm client communication:

Discussed diagnostic results with the owner. Stated that Little Dog still remains pale and so we have started a very conservative rate of IV fluids (conservative to minimize the risk of congestive heart failure). Stated that there is a right hip luxation and that we can try closed reduction, but that it must be performed under anesthesia and that there is an increased risk of anesthesia due to the heart murmur. Stated that unfortunately there is no guarantee that the hip will remain in place, and that he might need surgery. The owner asked if we could perform a dental at the same time since she doesn't want to pay for 2 anesthetics and Little Dog needs a dental. I told her that we do not perform dentals, as it is not an emergency procedure therefore we do not have the equipment. The owner stated financial constraints and so it was offered that, since there is no guarantee with closed reduction, that we could hold off on performing the procedure and Little Dog can have an FHO performed at a later date. It was explained very clearly several times that the hip might not remain in place, and that a 2nd procedure for an FHO may be necessary despite our attempt. The owner stated that she understands that the hip might not remain in place, but would like us to try. I told her that if the procedure takes a long time, that we may go over the estimate that we had provided her this morning. Discussed the risks of anesthesia and that we will need to have Little Dog stable before performing general anesthesia.

Little dog became more stable with oxygen and IV fluids. The hypothermia, pale mucous membranes, and depressed mentation improved through the day with treatments. The inpatient technician (Carlos) was giving the owner updates through the day. Anesthesia for attempted closed reduction of the right hip was started at 6pm. Unfortunately the closed reduction was unsuccessful as the hip would immediately come out of the hip when it was reduced. "Little Dog" recovered uneventfully from anesthesia.

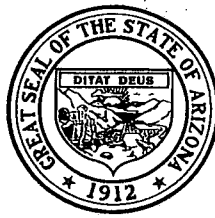
6:15pm client communication

Called owner to notify her that Little Dog did well under anesthesia, and that we were able to get the right hip back into place, but that it just luxated back out. She asked if she was going to be charged for the procedure since it was unsuccessful, and it was stated that they will be charged for the procedures/treatments that we have provided and that it was a known risk that the closed reduction might not be successful, that is why we discussed the option to not perform the procedure and instead have an FHO performed with the pDVM or a veterinary surgeon. She stated that we are scamming her, that we aren't even doing anything for her pet, and that we were just trying to get money out of her. I stated that we are not trying to scam her, that we truly are trying to help Little Dog, and that we have been providing treatments for Little Dog (analgesia, oxygen, IV fluids). Discussed that on entry he was showing signs of shock on entry but we were able to stabilize him. The owner was upset that we can't perform an FHO tonight, and stated that since we can't do the FHO then we aren't doing anything for him. I tried to explain to her that I am not an orthopedic surgeon, I am an emergency veterinarian. She stated that she was going to get a lawyer and give me a bad review online. I stated that all I care about is the health of the animals, and that we have done nothing but to be honest with her and provide the best care we can for Little Dog. She stated that I told her to euthanize her dog this morning, and I stated that in no way did I tell her what to do, I simply broached the subject of humane euthanasia, especially since she stated that she has financial constraints. She stated that when she arrives in Phoenix in 3 hours she wants to take Little Dog home which I told her is her decision and that we will have discharges ready for her at that time.

My shift ended at 7pm that evening, and so the case was rounded to the overnight DVM (Dr. Lapa).



Christine Sullivan, DVM



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Carolyn Ratajack

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Sunita Krishna - Assistant Attorney General

RE: Case: 19-17
Complainant(s): Veronica Hammar
Respondent(s): Christine Sullivan, D.V.M. (License: 6228)

SUMMARY:

Complaint Received at Board Office: 8/30/18
Committee Discussion: 12/4/18
Board IIR: 1/16/19

APPLICABLE STATUTES AND RULES:

Laws as Amended April 2018
(Green); Rules as Revised September
2013 (Yellow).

On July 21, 2018, "Little Dog," a 12-year-old male Chihuahua was presented to Respondent on emergency as a stray after being hit by a car. Complainant was eventually reached; diagnostics and treatments were recommended and humane euthanasia was offered as an option as well. Complainant elected to treat the dog.

It was determined that the dog had a right hip luxation; an attempt was made to replace the hip but was unsuccessful. Later that evening Complainant picked up the dog and expressed her dissatisfaction with the care the dog received.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Veronica Hammar*
- Respondent(s) narrative/medical record: *Christine Sullivan, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Hannah Armstrong, DVM and James Day, DVM*

PROPOSED 'FINDINGS of FACT':

1. On July 21, 2018, while Complainant was out of town, her dog was hit by a car and was brought to Respondent on emergency as a stray. Complainant stated that she was contacted by her microchip company that the dog was hit by a car and she contacted Respondent. According to Respondent, after scanning the dog for a microchip, staff attempted to contact the Complainant; a message was left due to no answer.
2. Upon presentation, Respondent examined the dog and found a weight = 2.9kgs, a temperature = 98.5 degrees, a heart rate = 120bpm and a respiration rate = 36rpm. The dog was dull, mildly responsive and had a body score = 2.5/5. He also had a grade 3/6 systolic murmur, poor, synchronous pulses and was tachycardic. Respondent also noted the dog had pelvic limb paresis with CP deficits in the pelvic limbs. Until the pet owner could be contacted, the dog was administered 0.06mg buprenorphine IV and was placed in an oxygen kennel.
3. Complainant called Respondent and they discussed the dog's condition. Respondent relayed that the dog was in critical condition and it was suspected that he was hit by a car. The dog was in shock, and they have to be careful with IV fluids due to the dog's heart murmur. Respondent was unsure of the extent of internal injuries but the dog was pale, tachypneic and shocky – he had been treated with buprenorphine and was on oxygen. She was also concerned with comorbidities due to the dog's heart murmur and diffuse muscle atrophy. Respondent offered hospitalization with diagnostics and treatments or they could consider humane euthanasia. Complainant was upset that Respondent gave euthanasia as an option and asked how much it would cost to treat the dog.
4. Respondent called Complainant back with an estimate for the recommended blood work and radiographs along with hospitalization. Complainant asked Respondent that since she was offering treatment, would this be guaranteeing the dog would survive. Respondent explained that she could not guarantee the dog would survive, especially since they did not know the extent of the dog's injuries but she would try to pull the dog through the incident. She further stated that the dog was suffering at that time and recommended diagnostics and treatments, or humane euthanasia. Complainant elected to proceed with diagnostics and treatment.
5. An IV catheter was placed and Normosol-R fluid was started at 8mL/hr; blood was collected and radiographs were performed. Respondent discussed the findings with Complainant – there was a right hip luxation and they could attempt to closed reduction but that it would require anesthesia which there was an increased risk due to the dog's heart murmur. Furthermore, there was no guarantee that the hip would remain in place and surgery may be required. Complainant requested a dental be performed at the same time as the hip reduction – Respondent declined, explaining they do not perform dentals as it is not an emergency procedure and they do not have the equipment. Complainant had financial concerns therefore Respondent offered holding off on the closed reduction since there was no guarantee and the dog could have an FHO performed at a later date. Complainant wanted Respondent to try to reduce the hip and asked to speak with the dog. Complainant was transferred to technical staff member, Carlos.
6. According to Complainant, when asked how the dog was doing, Carlos stated the dog was

not doing well and he may have a broken leg, fractured hip or possible brain injury. Complainant was concerned as Respondent told her that the blood work was fine and the dog only had a right hip luxation. Carlos explained that the radiology report had not come back yet. According to Complainant, Carlos then asked how the incident occurred and intimated that Complainant was not a responsible pet owner. Complainant felt Carlos was unprofessional.

7. Complainant called several times to check on the dog's status and was told that the right hip reduction had not be performed due to other critical patients needing treatment. Complainant was concerned that her dog was being neglected and the longer it took to reduce the hip, the less chance the hip reduction would have for success.

8. Respondent noted that the dog became more stable with oxygen and IV fluids. Gabapentin 30mg orally was initiated.

9. At 6:00pm, the dog was induced with propofol 12mg IV and masked with isoflurane and oxygen for the closed reduction of the right hip luxation. The closed reduction was unsuccessful and the hip would immediately come out of the socket when it was reduced. The dog was recovered from anesthesia.

10. Respondent contacted Complainant to let her know that the dog did well under anesthesia; they were able to get the right hip back in place but that it luxated back out. Complainant asked if she would be charged for the procedure since it was unsuccessful – Respondent explained that it was known that the procedure may not be successful which is why they discussed performing an FHO at a later date. At this point, Complainant felt they were only trying to scam her out of money and not helping her dog – since they could not perform the FHO, they were not doing anything for the dog. Respondent stated that she was not an orthopedic surgeon. Complaint pointed out that Respondent told her to euthanize the dog that morning; Respondent retorted that she did not tell her to euthanize the dog - it was an option since Complainant had financial constraints. Complainant advised Respondent that she would be back in town in approximately 3 hours and would be picking the dog up to take home.

11. Later that evening the dog was discharged to Complainant with recommendations of strict cage rest and follow up with primary veterinarian. Gabapentin 50mg/mL, 10mL; give 0.6mL by mouth up to every 12 hours as needed for pain.

12. On July 23, 2018, the dog was presented to Dr. Armstrong at Arrow Animal Hospital for evaluation. Complainant reported the dog was hit by a car and was seen at an emergency facility, right hip reduction was attempted but failed. After exam, Dr. Armstrong discussed surgical reduction of femoral luxation vs FHO procedure. Also discussed was the cardiac murmur – recommendations were made for radiographs and echocardiogram. Dr. Armstrong discussed the dog's weight loss and pursuing diagnostics to determine the cause. Complainant elected to schedule the surgery the following day.

13. On July 24, 2018, the dog was presented to Dr. Day at Glendale Animal Hospital for a third opinion and possible FHO surgery. After exam, Dr. Day and Complainant decided that the FHO procedure was likely the best course for the dog. The dog was admitted for surgery and the procedure was performed. The dog was discharged later that day.

14. On August 8, 2018, the dog presented to Dr. Day for suture removal.

COMMITTEE DISCUSSION:

The Committee discussed that when an animal without an owner is presented to a premise it needs to be treated as a stray – placing an IV catheter, administering oxygen, and injections to help stabilize the animal are reasonable treatments. Emergency veterinarians are dealing with multiple cases; animals are triaged and treated depending on their status.

In this case, the dog was not stable enough to be placed under anesthesia immediately. Additionally, the pet owner needed to be contacted, estimates needed to be presented, and diagnostics needed to be performed, all while dealing with other critical patients.

The dog did improve over the course of the day; attempts were made to reduce the luxation which was unsuccessful. This is not uncommon. Even if attempts were made to reduce the luxation an hour after the dog was presented, the result could have been the same. Respondent was concerned with the safety of the pet and had the dog's best interest in mind; she did not want to rush into a procedure if the dog was not stable to undergo anesthesia.

It was unfortunate that Complainant was given conflicting information from staff. The Committee could appreciate Complainant's concerns and stress due to being out of town and only able to communicate by phone.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

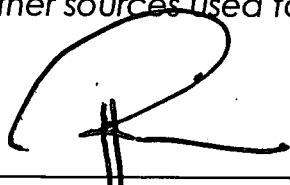
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division